EXHIBIT F

Section 6: EWAP REQUEST FORM

SENSITIVE -- LIMITED OFFICIAL USE

EMERGENCY WITNESS ASSISTANCE PROGRAM REQUEST

Reduest Date 1404ember 12, 2002 USAO Case# 2002R00700 V/W Coold Assigned			
Requesting AUSA Teresa Pesce/Glenn Colton Section White Plains Phone#			
9114-993-1936			
Agent/Officer Andrew Boss, ATF Inv Agency Case# Case Name USAO number is for witness' case. He is a witness in multiple cases			
Witness Aliases Flip FBI/Other# 184310JA7			
PROPOSED SERVICES			
Description of Services: Melvin will testify both before the grand jury and at several trials. He is scheduled to go before the grand jury on November 14, 2002. He will testify in the case of US v. Deshawn Ferrell, et al., an indicted case where the trial date has not yet been set. As he and his family members have received threats, it is necessary to move him out of the jurisdiction to insure his and his family's safety.			
Estimated Cost \$ 5,100 Anticipated Service Dates: Start 11/6/62 End 12/6/02			
Name and relationship to witness of all other family/household members who would also receive services:			
Charles Molvin wife and three children			

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Emergency Witness Assistance Program Manual



Section 6: EWAP REQUEST FORM

REDACTED

Section 6: EWAP REQUEST FORM

REDACTED

EMERGENCY WITNESS ASSISTANCE PROGRAM

ACKNOWLEDGMENT FORM			
I, Charles Melvin, understand that as a result of my			
cooperation and/or pending testimony for the United States Attorney's Office for the, I may be in danger.			
, i may be in danger.			
All of the terms and conditions of the Emergency Witness Assistance			
Program have been explained to me by Wendy Olsen of			
the United States Attorney's Office, and I fully understand these terms and			
conditions and what services may be available to me.			
I understand that any assistance given to me through the Emergency			
Witness Assistance Program does not constitute protection and that my			
family and I may still be in danger.			
I understand that I retain the responsibility to meet any release			
conditions imposed on me by a court and that I must continue to meet any			
other court obligations.			
outer court congations.			
I understand that I must continue to abide by any child custody, child			
visitation, and child support obligations imposed on me by any court.			
I will be responsible to pay for any damage to property that I cause			
when I am staying in a place for which the United States Attorney's Office is			
providing funds.			
2502 M			
3502-V			
Date: 11/14/02 & Churlie Mellier			
Witness's Signature			
/ / those s signature			
Date: U 14 02 Witnessed by: //////			
Assistant United States Attorney or			
Victim-Witness Coordinator			

Section 7:

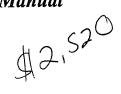
DECLINATION FORM

EMERGENCY WITNESS ASSISTANCE PROGRAM

DECLINATION FORM

and/or pending testimony for the United S	, understand that as a result of my cooperation States Attorney's Office for the, my life may be in danger.
I understand that I may be eligible United States Marshal's Service and that	for relocation and protection by the my family can also be relocated and protected.
the understanding that, if accepted into the	applying to the Witness Security Program with nat program, the United States Marshal's Service otection. I hereby decline to apply for that
I understand the danger to me and	I my family if I do not accept protective services.
11/14/02 Date	Signature Mulin
Date:\\(\(\ \ \ \ \ \ \ \ \ \ \ \ \	Witnessed by: ATF Assistant United States Attorney or Victim-Witness Coordinator

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Section 8: ACKNOWLEDGMENT FORM

EMERGENCY WITNESS ASSISTANCE PROGRAM

ACKNOWLEDGMENT FORM

I, <u>Charles Melvin</u>, understand that as a result of my cooperation and/or pending testimony for the United States Attorney's Office for the <u>Souther of Ny</u>, that I may qualify for assistance under the Emergency Witness Assistance Program.

All of the terms and conditions of the Emergency Witness Assistance Program have been explained to me by Teresa Pesce / We way Olsen-Clangs of the United States Attorney's Office, and I fully understand these terms and conditions and what services may be available to me.

I understand that any assistance given to me through the Emergency Witness Assistance Program does not constitute protection for me, my family, or anyone else.

I understand that I retain the responsibility to meet any release conditions imposed on me by a court and that I must continue to meet any other court obligations.

I understand that I must continue to abide by any child custody, child visitation, and child support obligations imposed on me by any court.

I will be responsible to pay for any damage to property that I cause when I am staying in a place for which the United States Attorney's Office is providing funds.

Date: 1//(6/82)

Date: 1//6/07

Signature

Witnessed by:

Assistant United States Attorney

Victim-Witness Coordinator

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Section 7: DECLINATION FORM

EMERGENCY WITNESS ASSISTANCE PROGRAM

DECLINATION FORM

I, <u>Charles Melun</u> and/or pending testimony for the United Statement of New Tork,	_, understand that as a result of my cooperation ates Attorney's Office for the may be in danger.	
I understand that I may be eligible for United States Marshal's Service and that m	or relocation and protection by the y family can also be relocated and protected.	
I have been offered the option of applying to the Witness Security Program with the understanding that, if accepted into that program, the United States Marshal's Service would provide me with relocation and protection. I hereby decline to apply for that program.		
I understand the danger to me and my family if I do not accept protective services.		
$\frac{1/(66/\sqrt{3})}{\text{Date}}$	Mulli Mulling ignature	
A	Vitnessed by ATT ssistant United States Attorney or cictim-Witness Coordinator	